U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official List Only

JL 18286

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| ers prob                              |  |
|---------------------------------------|--|
| 1. File Number U - 3375               | 2. Fiscal Year Covered From:                             |
|                                       | 1 / 1 / 2004 Through: 12 / 31 / 2004                     |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name ROLANI Elliott                   | Name USW Local 351L                                      |
|                                       | Labor Organization File Number 003 483                   |
| P.O. Box, Bldg., Room No., if any     | P.O. Box, Building and Room Number, if any               |
| Street 4511 TRAPPEUTE CROSSING        | Street 1923 Culver Road                                  |
| City The 100SA                        | City Tuscaloosa  |
| State ALADAMA ZIP Code +4 35405-4     | //State Alabama ZIP Code + 4 35401-3818                  |
| 5. Position in labor organization.    |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |                |
|--|--|----------------|
| Name and address of Employer (including trade name, if any).   | 7.a. Nature of Interest, Transaction, or Income. | <del>-</del> - |
| Name B.F.Goodrich Employees Federal Credit Union   | 1. Your 1, 200,00                                |                |
| Trade Name, if any:  |  |                |
| P.O. Box, Bldg., Room No., if any  |  |                |
|  | 7.b. Amount.                                     |                |
| Street 4520 21st Street  |  |                |
| City Tuscaloosa  | 1,260.00   |                |
| State Alabama ZIP Code + 4 35401-3807  |  |                |
| <u></u>  |  |                |

Signature

| 15. Signature and verification. The undersigned declares, under penalty<br>submitted in this report (including the information contained in any accomp-<br>undersigned's knowledge and belief, true, correct, and complete. (See the | anying documents), has been examir | ned by the signatory and is, to the best of the |
|--|------------------------------------|---|
| Signed Clar Ellevit  | On 7-11-05<br>Date                 | 205 - 556 - 7443<br>Telephone Number            |

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| Name of Person Filling   | File Number U- 3375                               |  |  |
|--|---|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. |   |  |  |
| Name and address of Business (including trade name, if any).   | 9. Business deals with:                           |  |  |
| Name   | a. Labor Organization                             |  |  |
| Trade Name, if any:  | b. Trust  |  |  |
| P.O. Box, Bldg., Room No., if any Street   | c. Employer                                       |  |  |
| City   |   |  |  |
| State ZIP Code + 4   |   |  |  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  | 11.a. Nature of such dealing.                     |  |  |
| Name   |   |  |  |
| Trade Name, if any:  |   |  |  |
| P.O. Box, Bldg., Room No., if any  |   |  |  |
| Street   | 11.b. Approximate dollar value of such dealing.   |  |  |
| City   | 12.a. Nature of interest held or income received. |  |  |
| State ZIP Code + 4   |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  | 12.b. Amount.                                     |  |  |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.   |   |  |  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).   | 14.a. Nature of payment.                          |  |  |
| Name   |   |  |  |
| Trade Name, if any:  |   |  |  |
| P.O. Box, Bldg., Room No., if any  |   |  |  |
| Street   |   |  |  |
| City   |   |  |  |

14.b. Amount of payment.

13.b. Is the Business an Employer

State

ZIP Code + 4

or Consultant

?